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TB CARE I

TB CARE I - Ghana

**Year 2
Quarterly Report
January - March 2012**

April 30, 2012

Quarterly Overview

Reporting Country	Ghana
Lead Partner	MSH
Collaborating Partners	KNCV, WHO
Date Report Sent	
From	Rhehab Chimzizi, Country Director
To	Dr. Felix Osei-Sarpong, TB CARE I Activity Manager
Reporting Period	January - March 2012

Technical Areas	% Completion
1. Universal and Early Access	46%
2. Laboratories	63%
3. Infection Control	42%
5. TB/HIV	42%
6. Health Systems Strengthening	45%
7. M&E, OR and Surveillance	54%
Overall work plan completion	48%

Most Significant Achievements

1. As part of data validation to address reported data inaccuracies and inconsistencies, TB CARE I demonstrated the systematic approach for conducting Regional TB Quarterly review meetings in the Eastern Region. Different from the traditional method of conducting Regional TB Quarterly Review meeting TB CARE I introduced an innovative approach that involves TB Treatment Registers swap among District TB Coordinators thus permitting for District TB Coordinators review and validate each other's data. This method of conducting review meetings exposed some differences between the number of TB cases compiled through Register swaps and the figures already submitted to the regional level.

This approach also revealed that most of District TB Coordinators have limited knowledge on the basic principles of TB control. In most instances TB patients with initial sputum positive smear results were declared cured despite sputum smears not done at the end of TB treatment and there was also evidence of non adherence to the national policy as many sputum smear positive TB patients did not have their follow up smears at 2, 5 months and at the end of TB treatment. Most differences were in TB-HIV data such as number of TB patients offered CPT and ART. These findings highly suggest the need for the NTP and TB CARE I to urgently finalize the development of the national TB guidelines and ensure that they are disseminated across the country. The NTP Central Unit has now made it a policy that all the 10 regions should adopt this approach of conducting Regional TB quarterly Review meetings: *Figure one shows District TB Coordinators busy validating each other TB treatment registers*

2. In the Eastern Region TB case notification (all forms) went down to 1,833 in 2011 from 1,858 in 2010. Furthermore TB treatment success rate for the region went down to 79% for the 2010 cohort from 84% in 2009. This decline in TB treatment success rate was as a result of the high TB death rate that has gone up from 9% in 2009 to 11% in 2010. Defaulter rate has also gone up to 6% in 2010 from 4% in 2009. 91 TB cases that were eliminated from the cohort due to double counting also contributed to the decline of the TB treatment success rate. On request from the Regional Health Management Team and within the context of the MOST for TB follow up workshop, TB CARE I supported the region to perform a bottle neck analysis that permitted for identification of the key reasons for the declining performance in the region and identify the root cause of the key bottlenecks, then provide solutions to address the identified challenges and prioritize activities for implementation in 2012. A total of 60 participants (38 males and 22 females) comprising Districts Directors of Health Services, Medical Superintendents and District TB Coordinators from all the 21 districts in the region took part in this bottle neck analysis workshop. One of the frequently mentioned reasons for the low TB case detection in the region was the late presentations of TB suspects to health facilities for TB diagnosis and Treatment. The reason for this late presentation was that most TB suspects prefer seeking care in Prayer/Regions camps or shrines before coming to the hospital. It was revealed that in these camps TB suspects are made to miss meals (fasting) for several days and they are only referred to the hospitals very late and with clear manifestations of severe malnutrition and disseminated TB disease and most of them at the point of death. *Figure four show some of the TB patients who were grossly delayed at the prayer camps and are now receiving TB treatment at the one of the Catholic Mission Hospital in Eastern region.*

Health promotion messages need to be developed to educate the community on the need for seeking care in health facilities when they have signs and symptoms suggestive of TB. The NTP and TB CARE I needs to develop a clear strategy to provide incentives to the custodians of these prayers camps for them to refer TB suspects to the hospital for early diagnosis and treatment.

3. TB CARE I have started supporting the Eastern Region to demonstrate the systematic approach for improving health facility TB case detection as part of scaling up the use of the SOPs for TB case detection developed under TB CAP Project. Two districts (Lower manya Krobo and Kwaebibirim) have been identified as the first districts to be supported. These two districts were prioritized because they have the potential to detect more TB cases as they have more big hospitals (6 in total) as well as having more microscopy centers (6 in total) and being the districts that have the highest HIV rates in the region that are even higher than the national average. As part of introducing the systematic organization and coordination of health facility TB case detection activities in March 2012 the 6 big hospitals were visited to collect baseline information. The visits clearly demonstrated evidence that TB case detection in these health facilities is not optimized and hence most TB cases are missed.

Data from the six hospitals show that a total of 378,432 clients were registered as OPD attendees in 2011, however, there is no information as to how many of these clients were TB suspects as none of the hospitals were using TB suspect register. From the TB laboratory Register 2,425 TB suspects had their sputum examined and 300 were smear positive. Out of these 300 smear positive TB patients 141 were registered for TB treatment in these facilities but for 159 smear positive TB patients there was no clear record to indicate whether they are on TB treatment somewhere else since only one of the 6 hospitals have a system to document TB patients who are referred to other facilities before commencement of TB treatment. Even the one that has a register to record referred TB patients no attempt was made to follow up whether the referred patients have been registered for TB treatment in health facilities where they were referred to. The implementation of systematic health facility TB case detection has now started and TB CARE I is introducing TB suspect Registers and mechanism for a functional referrals of TB patients are being established to avoid missing TB cases. All Hospital departments including OPD and in-patients wards are being oriented to conduct early TB case detection.

These visits also revealed poor TB Infection Control Measures. In one hospital TB isolation is directly connected to the postnatal ward where new born infants are admitted. *See figure two*

4. TB CARE I developed and mounted two posters at the 2012 World TB Day National Launch held on March 23. The two posters focused on highlighting the need for improving TB case detection among children and people living with HIV (PLHIV). The basis for advocating improved TB case detection among children was that during the past three years (2009, 2010 and 2011) a total of 46,273 TB patients (adult and children) were notified and children below 15 years contributed only 5.3% of this total which is below the expected 10%.

Furthermore in 2010 a total of 49,656 clients were found to be HIV positive in Ghana. As per the national TB-HIV policies all PLHIV should be screened for TB, the number of PLHIV that were screened for TB was not known but out of those that were actually screened for TB, 1,660 were diagnosed with active TB disease. Due to lack of routine TB screened among PLHIV's 3,305 TB were missed and they may go on transmitting TB infection in the community and will eventually die despite the availability of the potent treatment that can cure TB. A broad spectrum of people were present at this year's launch ranging from Ministers of State, USAID senior Officials, , WHO Country Representative, Members of Parliament, Chiefs, Regional and District Health Directors, TB Coordinators, civil society groups, children and members of the press. The Head of the Health Team in the USAID mission requested that the two posters be displayed at the USA Embassy reception. At the time we were writing this report these two posters are being displayed at the Embassy. *Fig three shows the two posters*

Overall work plan implementation status

The overall implementation of the planned activities is at 47% and with the pace that we have taken we are very optimistic all the activities will be completed as scheduled with some modification on the completion date but within the time period of APA 2.

Technical and administrative challenges

The process of starting the implementation of health facility TB case detection in the Eastern Region has been slow particularly taking into consideration the fact that TB Control services are implemented within the integrated health system and this means that even if though the approval to proceed with this activity has been given by the NTP and the USAID, careful consideration has to be always taken to ensure the Regional Health Management Team and District Management Teams have fully been oriented so that the proposed activities are reflected in their annual work plan. This is essential to assure continuity of the interventions even after the project closes out.

TB CARE I work plans are developed to complement the activities being supported through the Global Round 10 TB Grant. Given that the grant signing was delayed and that the training budget has not yet been released these delays have equally affected the implementation of TB CARE I activities.

In-country Global Fund status and update

The first phase of the Global Fund Round 10 TB Grant has been signed. The NTP requested \$12,770,999.42 as the first tranche from the Global Fund Secretariat. The Global Fund has eventually disbursed to the NTP a total amount of \$7,443,329. They have withheld the funds for the training and vehicle procurement budget lines. The Funds for the training budget will be only released to the NTP after the completion of a TA mission to review the training plan, assist the NTP to conduct the training needs assessment and build capacity for the NTP to monitor and evaluate the impact of training events that use the Global Fund Resources.

In view of this development TB CARE I is bring to Ghana an External Training Consultant. The name of the Consultant is Marleen Heus from KNCV and she is expected to be in the country from April 29 to May 11, 2011. The scope of work has been approved by the NTP and travel authorization has already been

Quarterly Technical Outcome Report

Technical Area 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1 Smear positive notified TB cases in Eastern Region increase by 10% relative to 2010 figure Indicator Value: Percent Level: Regional Source: NTP/TB CARE I Means of Verification: Annual report Numerator: Number of SS+ TB cases notified in 2012. Denominator: Number of SS+ TB cases notified in 2010	1,045	2010	1,150	2012	886 (2011 cohort)	A bottleneck analysis meeting was conducted for Eastern region following the declining of the overall performance of TB control. One of the identified bottleneck was the low TB case detection. Participants carefully discussed the root causes of the low TB case detection in the Region. Having completed listing the root causes, participants further suggested solutions to address the identified challenges and prioritized activities for implementation in 2012. Weak organization and coordination of TB case detection in health facilities was frequently mentioned.	TB CARE I has started supporting two districts in Eastern region to systematically organize and coordinate health facility TB case detection. The focus will be in the 6 big hospitals in these two districts.
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.2 National TB guidelines developed and printed Indicator Value: Number of guidelines printed Level: National Source: NTP/TB CARE I Means of Verification: TB guidelines printed and distributed	0	2010	1000	2012	Draft	First Draft of the TB manual completed and circulated to senior NTP staff for their comments. The stakeholder meeting to validate the TB guidelines will take place on April 19, 2012	Due to competing priorities on the part of the NTP the pace of completing the finalization of TB Guidelines is very slow. We are optimistic that by the end of APA 2 the TB guidelines will be ready.
1.3 Reduced patient and service delivery delays (Timing)	1.3.2 Provider Delay Indicator Value: Number (of days or weeks)	Not available	2010	Report available	2012		A protocol being developed to collect retrospective data to document provider delays in some selected hospitals in Eastern Region	Data collection will be done during the month of June/July 2012 after District TB Coordinators in the Eastern Region have been trained. Eveline Kilnkenberg will be the lead external consultant for this work

Technical Area	2. Laboratories							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		

2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.2 Laboratories (public sector) with working internal and external quality assurance programs for tests that they provide smear microscopy Indicator Value: Percent Numerator: Number of laboratories enrolled in EQA program meeting description above in Eastern region. Denominator: All laboratories (Eastern region) that perform one or more of the above TB diagnostics.	30	2011	30	2012	24	The recent EQA report from the Eastern Region through blind re-checking revealed a decline in sputum smear quality. Four microscopy centres had reported either false positive or negative results with one having 3 high false negative results	From May 14 to 18, 2012 a total of 25 microscopists from 25 microscopy centres will receive refresher training on smear sputum preparation and examination. All participants will be requested to bring with them at least 15 slides for blind-rechecking by the TB laboratory Supervisor
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Technical Area 3. Infection Control

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1 Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system Indicator Value: Number of HCWs with TB disease notified to the NTP	7	2009	?	2012		Surveillance of TB among Health Care Workers is not fully established. However, data from one Teaching hospital (Korle Bu) show that in 2011 18 HCW were diagnosed with TB and 11 actually received or are continuing receiving TB treatment TB treatment at this hospital	Ghana with support from TB CARE has started testing the Guide for monitoring the active TB disease among Health Workers. Initially two Teaching hospital will be involved in this. TB CARE I within the framework of improving TB case detection will be collecting data on health Care workers registered for TB treatment in two districts in the Eastern region.

Technical Area 5. TB/HIV

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1 HIV-positive patients who were screened for TB in HIV ART clinics in the 28 ART sites Eastern Region Indicator Value: Percent Numerator: Number of HIV-positive clients screened for TB at ART clinics Denominator: Total number of HIV-positive clients registered at the ART clinic.	Not known with exactness	2011	>90%	2012		The assessment conducted in the Eastern Region in the 28 ART sites indicate that PLHIV screened for TB are not systematically documented, but out of the total that were screened for TB in 2011 a total of 294 eventually were diagnosed with TB	TB CARE I has started providing support for the systematic screening of PLHIV for TB in districts with a focus on 6 hospitals and subsequent data will focus on these facilities within the framework of increasing TB case detection and the ultimate aim of scaling up to other facilities in the Region using resources from the Global Fund Round 10 Grant

Technical Area 6. Health Systems Strengthening

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.4 TB CARE I Country Manager participates in CCM quarterly meetings and HIV-TB Oversight committee including site visit to PRs Value: Number	6	2011	10	2012	4	The TB CARE I Country Director led the HIV-TB oversight committee of the Ghana CCM for site visit to the NTP where CCM wanted to have an update of the implementation of the Global Fund Round 10 Grant. The NTP reported that the Grant signed has taken place and they have received \$7,443,229 out of the \$12,770,999.42 that they request for the first tranche. The Global Fund has withheld the budget lines for training and procurement of vehicles pending the training impact assessment	TB CARE I has already identified an external training consultant and she will be in the country from April 29 to May 11, 2011.





6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1 The operational plan for M&E Plan for the Health Sector (GHS) finalized Indicator Value: report Level: National Source: GHS/ TB CARE I Means of Verification: Operational plan available	No	2010	Yes	2012		Some contacts has started between the Country Director and the external consultants	Bert Shreuder from KNCV will provide external TA on this between August/September 2012
	6.2.2 Training impact assessment conducted and results disseminated" Indicator value: yes/no" Indicator Value: report Level: National Source: NTP / TB CARE I Means of Verification: report available	No	2010	Yes	2012		Training Consultant identified. She is Marleen Heus from KNCV. Scope of work developed and approved by the NTP and travel approval already received from the USAID Mission. This training impact assessment will address the requirements of the Global Fund as they have withheld the training budget line pending completion of this TA mission.	The external consultant will visit Ghana from April 29 to May 11, 2012










Technical Area 7. M&E, OR and Surveillance



Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
7.1 Strengthened TB surveillance	7.1.3 Surveillance data are internally consistent Indicator Value: % (per quarter) Numerator: # of complete reports received from DOTS clinics/quarter in one calendar year in Eastern region. Denominator: Total #of DOTS clinics in the Eastern region.	No	2011	100%	2012		A Regional TB Quarterly review meeting for the Eastern region successfully conducted. District TB coordinators from all 21 districts participated where an innovating approach of validating TB data as recorded in the District TB Treatment registers was conducted through register swaps. This approach revealed that some Districts TB coordinators are not fully conversant with basic principles of TB control	Almost 99% of the Districts TB coordinators were highly satisfied with this approach of conducting TB review meeting and they requested its continuity. TB CARE I discussed with the NTP central Unit to ensure this approach should be adopted across the country and enough resources should be allocated for this activity so that each quarterly review meeting is for 2 days instead of the traditional one day that makes it difficult for the participants to adequately review the entire TB data for the quarter




7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.3 A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	Yes	2011	Yes	2012		A comprehensive data validation for Eastern conducted at the time of evaluating the TB treatment outcome results for 2010 cohort. Through this process it was found that 91 TB cases were double counted and after eliminating these cases from the cohort the TB treatment success rate for Eastern region declined from 84% in 2009 to 79% in 2010	TB CARE I will conduct further data validation exercises using the adapted Rapid Data Quality Assessment Tool
7.3 Improved capacity of NTPs to perform operational research	7.3.1 OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	1	2011	1	2012	1	A bottle neck analysis workshop for the Eastern region was conducted that aimed at reviewing key challenges affect the performance of TB control in the Eastern Region. 61 participants (38 males and 23 females) attended the bottleneck analysis workshop. One of the identified bottlenecks was the weak M&E systems and through this process the root causes for this challenge was identified and solutions to address the challenges identified and priority activities for implementation in 2012 suggested. From this analysis some OR research questions came out and one research activity that will be conducted will focus on addressing provider delays.	By the end of April 2012 The TB CARE I Country Director and the KNCV senior Epidemiologist (Eveline Klinkenberg) will finalize the research protocol for discussion and approval by the NTP Manager and the Regional Director of Health Services for Eastern Region. This will be based on routinely collected data and therefore not requiring ethics approval as it is part of data audit.





Quarterly Activity Plan Report


1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Clinicians trained in TB case detection interventions	MSH	22.080	 50%	Mar	2012	Following discussions with the Regional Health Management Team in the Eastern and taking into account the budget for this activity, it was agreed that TB CARE I should train health care workers from 5 out of the 21 districts in the Region. In order to select the districts where TB case detection activities will be focused this year a review of TB data from all the districts was conducted and through this review the Regional Health management Team and TB CARE I initially selected two Districts (Lower Manya Krobo and Kwaebibirim) where training on the systematic organization and coordination of TB case detection will be conducted. A detailed baseline data from these districts have been collected and training sessions will take place during the week of April 23-27 for Kwaebibirim district and May14-18 for Lower Manya Krobo District. These districts have been prioritized because of the potential to detect more cases because they have higher HIV rates, more big hospitals and more smear microscopy centres
	1.1.2	Nurses trained in TB case detection interventions	MSH		 50%	Mar	2012	Same as in 1.1.1.
	1.1.3	Consensus meeting to finalize the posters/job aids for TB case detection	MSH	3.400	 75%			The content, design and format for the TB suspect registers were agreed and approved by the NTP.
	1.1.4	1000 posters/job aids for TB case detection printed and distributed	MSH		 75%			100 TB suspected TB registers are being printed and they will be ready before the training session stated in 1.1.1. These will be used in all the main facilities in the Eastern Region including the districts where TB CARE I will support the implementation of TB case detection activities. Posters that were also displayed during 2012 World TB Day National Launch were printed. Two of these posters are being displayed at the USA Embassy Reception in Accra




	1.1.5	Mid-Year NTP Review meeting supported (with focus on assessing the progress of implementing action plan for increasing TB case detection)	MSH	43.844	 0%	Aug	2012	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Institutional TB Coordinators trained in recording and reporting for TB control activities with emphasis to TB	MSH	19.311	 25%	Jun	2012	
	1.2.2	Stakeholder consensus meeting conducted for the finalization of the TB National Guidelines	MSH	32.385	 75%	Apr	2012	The first draft of the TB manual has been completed and a stakeholder meeting to receive comments from the first draft will take place on April 19, 2012. A final draft will be produced after incorporating comments from the stakeholders
	1.2.3	National TB guidelines printed	MSH		 0%	Jun	2012	Awaiting the finalization and approval of the guidelines/manual
	1.2.4	20 Regional coordinators trained in operationalization of PPM DOTS guidelines	WHO	15.498	 25%	Jun	2012	Training rescheduled for July due to unavailability of consultant in June as originally planned but the process for preparing for the training has started
	1.2.5	30 participants from the private health facilities trained on the implementation of PPM DOTS	WHO		 25%	Jun	2012	Training rescheduled for July due to unavailability of consultant in June as originally planned but the process for preparing for the training has started
	1.2.6	Demonstrating activities for Improving TB case detection	MSH	3.490	 100%	Mar	2012	Two posters that highlighted the TB case situation and how to improve TB case detection among PLHIV and children were displayed at the 2012 World TB National Launch. The two posters attracted the attention of the USAID mission and the Head of HPNO requested the posters to be displayed at the USA embassy reception in Accra after the world TB day ceremony where they currently are on display.
	1.2.7	Demonstrating activities for Improving TB case detection	MSH		 100%	Mar	2012	See 1.2.6
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.3 Reduced patient and service	1.3.1	Provider delays to TB care assessed	KNCV	15.161	 25%	Jun	2012	Preparation for the protocol started and the activity will be fast tracked considering the KNCV consultant (Eveline Klinkenberg) is back from her maternity leave





delivery delays (Timing)	1.3.2	Health facilities coordinators trained in collecting data on provider delays	MSH		 25%	Jun	2012	Preparation for the protocol started and the activity will be fast tracked considering the KNCV consultant (Eveline Klinkenberg) is back from her maternity leave
					 46%			



2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1	TB lab staff in Eastern Region trained	MSH		 75%	Jun	2012	Names of the lab personnel to be trained has been compiled. The focus will be to refresh those who actually perform sputum smear preparation and examination. All participants will to the training have been requested to bring with them 15 slides that they keep for blind rechecking for reevaluation by the TB laboratory Supervisor and the training will take place from May 14-18 to, 2012. All preparation is complete.
	2.1.2	Follow up, document and support implementation of SOPs for case detection at regional level	MSH	3.396	 50%	Sep	2012	Comprehensive baseline data have been collected from the two districts (Lower Manya Krobo and Kwaebibirim) and training of health care workers on the systematic organization and coordination of health facility TB case detection as detailed in 1.1.1 and 1.1.2
					 63%			









3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1	15 clinicians trained in TB infection Control	MSH		 50%	Mar	2012	This is being implemented within the framework of activity number 1.1.1 and 1.1.2
	3.3.2	15 Nurses trained in TB Infection Control	MSH		 50%	Mar	2012	This is being implemented within the framework of activity number 1.1.1 and 1.1.2
	3.3.3	25 Institutional TB Coordinators trained in	MSH		 25%	Jun	2012	This is being implemented within the framework of activity number 1.2.1
					 42%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.2 Improved diagnosis of TB/HIV co-	5.2.1	15 clinicians trained in TB screening among PLHIV	MSH		 50%	Mar	2012	This is being implemented within the framework of 1.1.1 and 1.1.2

infection	5.2.2	15 Nurses trained in TB screening among PLHIV	MSH		 50%	Mar	2012	This is being implemented within the framework of 1.1.1 and 1.1.2
	5.2.3	25 Institutional TB Coordinators trained in reporting of TB screening among PLHIV activities	MSH		 25%	Jun	2012	This is being implemented within the framework of 1.2.1
					 42%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1	Follow-up MOST for TB workshop conducted	MSH	19.276	 100%	Feb	2012	The follow up MOST TB workshop conducted on March 13 and 14, 2012. Due to delay in receiving funds from the Global Fund there has been minimal implementation of the MOST for TB action plans. This workshop therefore focused on conducting a bottle neck analysis in light of the declining performance in TB case detection. Participants that included District Directors of Health Services, Medical Superintendent and District TB Coordinators from all the 21 district in Eastern Region conducted a bottle neck analysis focusing on the following key identified challenges (1) Low TB case detection (2) unfavorable TB treatment outcomes, Weak TB lab network, weak TB-HIV collaborative services, No functioning PMDT services and weak M&E systems. Participants discussed the root causes of the challenges were identified, solutions to address the challenges proposed and activities for implementation in 2012 prioritized
	6.1.2	TA for leadership and management provided	MSH	20.484	 25%			Dr. Pedro Suarez is scheduled to come to Ghana from April 12 to 20, 2012 to provide TA to the NTP staff
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed	6.2.1	Operationalization of the M&E Plan for the Ghana Health Service developed and TB Insurance discussed	KNCV	28.281	 25%	Sep	2012	Initial preparation started
	6.2.2	Operationalization of the M&E Plan for the Ghana Health Service developed and TB Insurance discussed	MSH	19.476	 25%	Sep	2012	Initial preparation started

formed integral part of national plans, strategies and service delivery of these	6.2.3	Training Impact Assessment Conducted	MSH	13.913	 50%	Jun	2012	The scope of work developed and approved by the NTP. The consultants identified (Marleen Heus) and travel authorization received from the USAID mission. Programme of activities developed and the consultants scheduled to be in Ghana from April 29 to May 11, 2011
					 45%			

7. M&E, OR and Surveillance						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.1 Strengthened TB surveillance	7.1.1	Monitoring and supervision to Eastern Region Conducted	MSH	19.250	 25%	Sep	2012	Two visits conducted by the TB CARE I Officer and Country Director. The two officers were accompanied by the Regional TB Coordinator for the Eastern Region and one NTP Central Unit Programme Officer
	7.1.2	Review meetings conducted	MSH		 100%	Apr	2012	The Regional TB Quarterly review meeting successfully conducted on February 28 and 29, 2012
	7.1.3	Regional TB quarterly review meetings in the Eastern Region supported	MSH	14.938	 100%	Mar	2012	The Regional TB Quarterly review meeting successfully conducted on February 28 and 29, 2012
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1	A data quality audit at central level has been conducted within the last 6 months	KNCV	15.161	 50%	Sep	2012	The initial RDQA will be conducted between the month of June or July by the TB CARE I M&E Officer and Eveline Klinkenberg in the Eastern Region. There after the region will be expected to adopt this as part of their routine data validation practice
	7.2.2	A data quality audit at central level has been conducted within the last 6 months	MSH		 50%	Sep	2012	The Regional TB Quarterly review meeting provided the platform for conducting the data quality audit using the Rapid Assessment Data Quality Audity Tool.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Improved capacity of NTPs to perform operational research	KNCV	11.720	 25%	Jun	2012	This is linked to activity 1.2.1
	7.3.2	Improved capacity of NTPs to perform operational research	MSH		 25%	Jun	2012	This is linked to activity 1.2.1
					 54%			

Quarterly MDR-TB Report

Country	Ghana
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Period	January-March 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	14	2
Jan-Sep 2011	9	0
Oct-Dec 2011	1	1
Total 2011	10	1
Jan - March 2012	0	0

NOTE: (1) Three centres currently have the capacity to perform culture and DST. The other three centres' operations were halted due to poor biosafety standards and work is on-going to make improvements on this (2) MDR-TB guidelines have been developed, MDR-TB surveillance have been developed and reviewed ready for printing (3) An order to procure second line TB medicines to treat 20 MDR-TB patients has been pressed.

Quarterly GeneXpert Report

Country	Ghana
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Period	January-March 2012
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-March 2012	Cumulative total		
# GeneXpert Instruments	0	0	0	0	
# Cartridges	0	0	0	0	

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF **Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
	1				
	2				
	3				
	4				
	5				
*There are 10 cartridges per kit, but we need the total # of cartridges (not kits) Add an additional row for every procurement order of cartridges					

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.



Figure 1: District TB coordinators reviewing each others TB treatment register



Figure 2: TB isolation ward directly linked to the postnatal ward

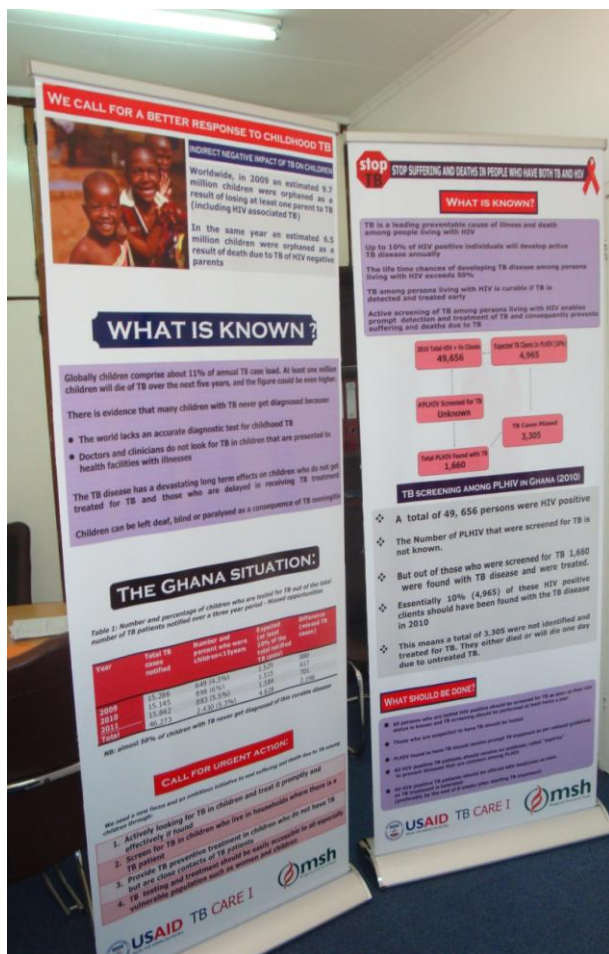


Figure 3: Posters highlighting the need for increase TB case detection among children and PLHIV - 2012 World TB Day Launch



Figure 4: Very sick TB patients who sought care at prayer camps and shrines before reporting to the hospital

Inventory List of Equipment - TB CARE I



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Organization:	TB CARE I
Country:	Ghana
Reporting period:	January - March 2012
Year:	APA 2

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
VEHICLE FORD EXPLORER	1FMEU73E38UA9252	April 17, 2009	\$34,000	EXEMPT	MSH Ghana	Good			Motor Comprehensive Insura
HP LASERJET PRINTER P2	CNBJP77837	May 30, 2008	\$478	CEPS DUTY	MSH Ghana	Good			
PHOTOCOPIER NASHUATE	L005119	November 12, 2008	GH¢ 4,548.83	VAT/NHIL	MSH Ghana	Fair			
CONFERENCE CHAIRS (4)		December 19, 2008	GH¢ 286	VAT/NHIL	MSH Ghana	Fair			
COMPUTER MONITOR	L005127	November 11, 2008	GH¢ 286	VAT/NHIL	MSH Ghana	Good			
COMPUTER MONITOR	L005131	November 11, 2009	GH¢ 574	VAT/NHIL	MSH Ghana	Fair			
CPU	L005126	November 11, 2008	GH¢ 1201.5	VAT/NHIL	MSH Ghana	Good			
CPU	L005130	November 11, 2009	GH¢ 1201.5	VAT/NHIL	MSH Ghana	Fair			
AIRCONDITIONER LG	L005125	November 11, 2008	GH¢ 969.90	VAT/NHIL	MSH Ghana	Good			
TELEVISION LG	8025YQT1Z820	November 11, 2008	GH¢ 524.27	VAT/NHIL	MSH Ghana	Good			
MICROWAVE	MB-3832E/01	November 11, 2008	GH¢ 140.77	VAT/NHIL	MSH Ghana	Good			
WATER DISPENSER		November 11, 2008	GH¢ 179.61	VAT/NHIL	MSH Ghana	Fair			
PHILIPS KETTLE	0814L1	November 11, 2008	GH¢ 41.75	VAT/NHIL	MSH Ghana	Fair			
OFFICE DESK (3)	L005133	November11, 2008	GH¢ 1,250	VAT/NHIL	MSH Ghana	Good			
CABINET (2)		November 11, 2008	GH¢ 790	VAT/NHIL	MSH Ghana	Good			
MANAGER'S CHAIR		November 11, 2008	GH¢ 335	VAT/NHIL	MSH Ghana	Bad			
OFFICE CHAIR (2)		November 11, 2008	GH¢ 400	VAT/NHIL	MSH Ghana	Good			
LCD PROJECTOR DX325	802DTJA01100	December 15, 2008	GH¢ 1,730	VAT/NHIL	MSH Ghana	Fair			
DINNING HALL TABLE		December 15, 2008	GH¢ 190	VAT/NHIL	MSH Ghana	Fair			

DINNING HALL CHAIRS (6)		December 15, 2008	GH¢ 270	VAT/NHIL	MSH Ghana	Fair			
UPS (2)		November 11, 2008	GH¢ 232.60	VAT/NHIL	MSH Ghana	Good			
SCANNER (G4010)	CN85JA60GQ	November 11, 2008	GH¢ 188.75	VAT/NHIL	MSH Ghana	Good			
PROJECTOR SCREEN		February 23, 2010	GH¢400	VAT/NHIL	MSH Ghana	Good			
PANASONIC FAX	L003175	February 23, 2010	GH¢ 320	VAT/NHIL	MSH Ghana	Good			
STABILIZER	L003210	February 23, 2010	GH¢ 256	VAT/NHIL	MSH Ghana	Good			
DIGITAL CAMERA DSC-W170		February 23, 2010	GH¢ 747	VAT/NHIL	MSH Ghana	Fair			
BINDING MACHINE	L005256	February 23, 2010	GH¢ 950	VAT/NHIL	MSH Ghana	Bad			
FLIP CHART STAND		February 23, 2010	GH¢ 180	VAT/NHIL	MSH Ghana	Fair			
NOTICE BOARD (2)		February 23 2010	GH¢ 360	VAT/NHIL	MSH Ghana	Good			
HP DESKJET PRINTER (22)	L005263	February 24, 2010	GH¢ 108	VAT/NHIL	MSH Ghana	Good			
LAPTOP COMPUTER DELL INSPIRON		February 24, 2009	GH¢ 1150	VAT/NHIL	MSH Ghana	Bad			
IBURST INTERNET MODEM		December 10, 2008	GH¢370	VAT/NHIL	MSH Ghana	Bad			
10 UNITS, MICROSCOPES KIT		July 2, 2009	\$11,900	EXEMPT	NTP	Good			
ANTI VIRUS (NTP)		December 15, 2009	GH¢4,843.57	VAT/NHIL	NTP	Good			
DELL LATITUDE LAPTOP		February 9, 2010	\$ 1,476	EXEMPT	MSH Ghana	Fair			
HP LASERJET PRINTER P1006		February 9, 2010	GH¢310.67	VAT/NHIL	MSH Ghana	Good			
DELL LATITUDE LAPTOP		March 17, 2010	\$1,476	CEPS DUTY	NTP	Good			
AIRCONDITIONER Trane		April 27, 2010	GH¢1,692.32	VAT/NHIL	NTP	Good			
SONY DIGITAL TAPE RECORDER (2)		August 24,2010	GH¢618.45	VAT/NHIL	MSH Ghana	Good			
DELL LATITUDE LAPTOP	s/N: 86J94Q1	April 6, 2011	\$1.500,00	CEPS DUTY	MSH Ghana	Good			
DELL LATITUDE LAPTOP	S/N: BGK94Q1	April 6, 2012	\$1.500,00	CEPS DUTY	MSH Ghana	Good			
HP LASER JET PRINTER	P3015DN. 42PPM	April 12, 2011	GH¢1,599	VAT/NHIL	NTP	Good			
OFFICE DESK (M&E OFFICE)	1.301.272	March 24, 2011	GH¢650	VAT/NHIL	MSH Ghana	Good			
OFFICE CHAIR (M&E OFFICE)	PVC	March 24, 2011	GH¢250	VAT/NHIL	MSH Ghana	Good			

MANAGER'S CHAIR	0006307	November11, 2011	GH¢550	VAT/NHIL	MSH Ghana	Good			

- (1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
(3) Date of invoice
(4) Total price including any sales tax paid. Use currency on invoice
(5) Note any sales tax charged
(6) Address
(7) Good/fair or bad
(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.
where a recipient compensated TB CARE I for its share. Attach supplementary info